

Duty Status Report

Joint Force Headquarters
Oklahoma Army and Air National Guard

This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expenses. Information collected will be handled and stored in compliance with the Freedom of Information Act and the Privacy Act of 1974.

SIDE A – Agency Official: Complete this side and refer to physician

SIDE B – Physician: Complete this side

1. Employee's Name (Last, first, middle)			8. Description of Clinical Findings			
2. Social Security No.			9. Diagnosis of Illness			
3. Occupation			10. Other Disabling Conditions			
4. The Employee Works Hours Per Day Days Per Week			11. Employee Advised to Resume Work? <input type="checkbox"/> Yes, Date Advised ____ / ____ / ____ <input type="checkbox"/> No, Date of Next Evaluation ____ / ____ / ____			
5. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.			12. Employee Able to Perform Regular Work Described on Side A? <input type="checkbox"/> Yes, If so <input type="checkbox"/> Full-Time or <input type="checkbox"/> Part-Time ____ Hrs Per Day <input type="checkbox"/> No, If not, complete below:			
Activity	Continuous	Intermittent		Continuous	Intermittent	
a. Lifting/Carrying: State Max Wt.	#lbs.	#lbs.	Hrs Per Day	#lbs.	#lbs.	Hrs Per Day
b. Sitting			Hrs Per Day			Hrs Per Day
c. Standing			Hrs Per Day			Hrs Per Day
d. Walking			Hrs Per Day			Hrs Per Day
e. Climbing			Hrs Per Day			Hrs Per Day
f. Kneeling			Hrs Per Day			Hrs Per Day
g. Bending/Stooping			Hrs Per Day			Hrs Per Day
h. Twisting			Hrs Per Day			Hrs Per Day
i. Pulling/Pushing			Hrs Per Day			Hrs Per Day
j. Simple Grasping			Hrs Per Day			Hrs Per Day
k. Fine Manipulation (Includes Keyboarding)			Hrs Per Day			Hrs Per Day
l. Reaching above Shoulder			Hrs Per Day			Hrs Per Day
m. Driving a Vehicle (Specify)			Hrs Per Day			Hrs Per Day
n. Operating Machinery (Specify)			Hrs Per Day			Hrs Per Day
o. Temp. Extremes			Range in Degrees F to			Range in Degrees F
p. High Humidity			Hrs Per Day			Hrs Per Day
q. Chemicals, Solvents, etc. (Identify)			Hrs Per Day			Hrs Per Day
r. Fumes/Dust (Identify)			Hrs Per Day			Hrs Per Day
s. Noise (Give dBA)			Hrs Per Day			Hrs Per Day
t. Other (Describe)			13. Are Interpersonal Relations Affected Because of Neuropsychiatric Condition?(e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe)			
			14. Date of Examination			
			15. Specialty			
6. Agency Official's Signature		7. Date	16. Physicians Signature		17. Date	